

### **Charge questions for SDMAC Vaccine Distribution Subcommittee**

The Vaccine Distribution Subcommittee of the SDMAC will be established to develop guidance for DHS related to allocation of scarce vaccine doses during the COVID-19 pandemic. At the present time, no effective SARS-CoV-2 vaccine is available, but several candidates are in development and under study in clinical trials. It is realistic to assume that one or more vaccine products will be approved for use in the United States during the next six months. Once approved, the quantity of vaccine doses available will be small in relationship to the number of people eligible to receive it, and therefore rationing of available vaccine will be necessary as production and distribution scales up.

**Assumptions:** Based on conversations with experts in state and federal immunization practices, there is general agreement upon the following assumptions:

- In the United States, it is likely that federal procurement of vaccine will involve allocation of some quantity of vaccine doses to state health departments, necessitating that DHS will have responsibility for developing an effective and equitable strategy for distributing vaccine to Wisconsin residents.
- Recommendations about what individual patient-level characteristics should be used to prioritize receipt of vaccine will be developed by the Advisory Committee on Immunization Practices (ACIP). The National Academies of Sciences, Engineering, and Medicine, the World Health Organization, and Johns Hopkins Bloomberg School of Public Health have also developed allocation frameworks. State, tribal, local, and territorial health authorities traditionally recognize the primacy of ACIP recommendations when developing prioritization recommendations.
- The initial quantity of vaccine received by DHS will likely be insufficient to provide vaccine for every person, requiring a phased approach to vaccine distribution. It will be necessary to develop a strategy for delivering vaccine in such a way that only a subset of individuals in the first phase of distribution have access during the initial period of scarcity.
- It is possible that an approved vaccine will require multiple doses, and the level of protection offered by an incomplete series will not be well-understood. In this scenario, DHS may need to decide whether to allocate multiple doses to individuals, or a single dose to a larger number of individuals.
- DHS will be required to make allocation decisions when distributing vaccines to medical providers. Providers, in turn, will make subsequent allocation decisions based on patient-level characteristics. Equitable distribution will therefore require allocation frameworks for both DHS and individual providers.
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- DHS will revise or lift the allocation framework once a sufficient supply of vaccine to all Wisconsinites.

**Charge:** To inform DHS policies and protocols around COVID-19 vaccine distribution under the above assumptions, the charge of the SDMAC Vaccine Distribution Subcommittee will consist of addressing the following questions. The Subcommittee should utilize the ethical framework developed by the SDMAC which has been adopted by DHS. For each of the questions, the Subcommittee should review ACIP and other federal guidance, and consider whether additional framework, definitions, or clarification are needed by (a) the DHS

immunization program or (b) Wisconsin vaccinators to equitably distribute vaccine supplies, and administer vaccine to individuals, respectively.

1. When distributing limited supplies to vaccinators, what population level characteristics should DHS consider? For example, should DHS consider county or regional COVID-19 case burden or county population? If geographies with significant socioeconomic disparities are prioritized, how will these disparities be characterized and incorporated into the DHS distribution plan?
2. What prioritization scheme should the state set for providers until a vaccine becomes widely available? Which group or groups of individuals should be given priority in a phased approach?
3. If immunization requires a multiple-dose series, will DHS recommend providing additional doses to individuals to complete a series, or recommend more individuals receive a first dose, or leave this to the discretion of local providers?

Other considerations that are outside the scope of the Subcommittee:

- There may be evidence of vaccine effectiveness generated through clinical trials that involved volunteers that were not fully representative of all patient groups. Judgements may need to be made about the extrapolation of clinical evidence based on studies of younger healthier subjects who volunteered for vaccine trials, to individuals who are older and have various co-morbidities.
- Health care systems and other organizations must consider whether or not to *require* vaccination for workers.
- There is general agreement that there should be no financial barriers for Wisconsin residents to receive the vaccine.
- DHS will not waive the requirement that providers and organization administering vaccine report through the WIR.

**Proposed Work Plan:** The proposed charge and work plan for the Subcommittee will be presented to the DHS Secretary's Office for approval.

The DPH Immunization Program Director and DPH Chief Medical Officers will invite stakeholders and subject matter experts from a range of backgrounds to participate in the subcommittee. A subset of the standing SDMAC Committee will be invited to participate in the work of the subcommittee, and may also suggest additional subcommittee members to the chair.

The subcommittee chair will decide the order in which the questions will be addressed, and prepare an agenda and/or draft document prior to meetings to facilitate discussion.

The work will continue for an anticipated 4-6 weeks, culminating in a written report that provides recommendations for a strategic framework to be adopted by DHS, along with the relevant considerations for modifications and future decisions that cannot be addressed given current knowledge.